

BUSINESS INFORMATION

Please print or write clearly and fill application completely. Additional information will be required prior to funding.

BUSINESS NAME: _____ PHONE NUMBER: _____
 DOING BUSINESS AS (OTHER TRADE NAMES(S)): _____ FAX: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 WEB ADDRESS: _____ EMAIL ADDRESS: _____
 DATE BUSINESS ESTABLISHED: _____ LEGAL BUSINESS STATUS: SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC
 TYPE AND DESCRIPTION OF BUSINESS: _____ NUMBER OF EMPLOYEES: _____
 FEDERAL ID NUMBER: _____ DELINQUENT FEDERAL OR STATE TAXES: YES NO TAX LIEN FILED: YES NO
 SOCIAL SECURITY NUMBER: _____

OWNERS, PARTNERS, & OFFICERS

Please list any additional officers under notes section.

NAME: _____ TITLE: _____	NAME: _____ TITLE: _____
PERCENT OWNED: _____ DATE OF BIRTH: _____	PERCENT OWNED: _____ DATE OF BIRTH: _____
DRIVER'S LICENSE: _____ STATE: _____	DRIVER'S LICENSE: _____ STATE: _____
HOME STREET ADDRESS: _____	HOME STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____	CITY: _____ STATE: _____ ZIP CODE: _____
HOME PHONE: _____ CELL PHONE: _____	HOME PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____	EMAIL ADDRESS: _____

ACCOUNTS RECEIVABLE INFORMATION

ARE THERE ANY BANK LOANS, LINES OF CREDIT, OR LEASES TO THE COMPANY? YES NO
 ANTICIPATED MONTHLY PAYROLL VOLUME: \$ _____
 CURRENT ACCOUNT BALANCE OUTSTANDING: \$ _____
 ARE THE RECEIVABLES OR OTHER ASSETS PLEDGED AS COLLATERAL FOR ANY FINANCING? YES NO
 HAVE YOU FACTORED BEFORE? _____
 IF YES, WITH WHOM? _____
 ARE THERE ANY LAWSUITS, CLAIMS OR DEMANDS INVOLVING THE COMPANY OR PRINCIPALS? YES NO
 HOW DID YOU HEAR ABOUT OTR CAPITAL? _____
 WHAT IS THE PURPOSE OF FUNDS? _____
 HAS THE COMPANY OR PRINCIPALS EVER FILED FOR PROTECTION UNDER BANKRUPTCY? YES NO
 ADDITIONAL NOTES: _____

SUPPORT DOCUMENTS CHECKLIST

To evaluate and process your application, please include applicable support documents with your completed app.

REQUIRED	<input type="checkbox"/> ARTICLES OF INCORPORATION OR ASSURE NAME CERTIFICATE	<input type="checkbox"/> COPY OF CONTRACT(S) OR PURCHASE ORDER(S)
	<input type="checkbox"/> COPY OF APPLICANT(S) DRIVER'S LICENSE(S)	<input type="checkbox"/> TWO-YEAR FINANCIAL STATEMENTS
	<input type="checkbox"/> ACCOUNTS RECEIVABLE AGING AND SAMPLE INVOICE	<input type="checkbox"/> WORKER'S COMPENSATION INSURANCE (TEMPORARY STAFFING FIRMS)
	<input type="checkbox"/> COPY OF BUSINESS / LIABILITY INSURANCE	<input type="checkbox"/> LIST OF ALL JOBS CURRENTLY WORKING ON (CONSTRUCTION)
	<input type="checkbox"/> FEDERAL TAX IDENTIFICATION # / W-9	<input type="checkbox"/> CUSTOMER LIST

SIGNATURE & AUTHORIZATION

I/We hereby apply for the credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the credit will not be used for any illegal purpose. OTR capital ("OTR") is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by OTR for that purpose. OTR may disclose to any other interested parties information as to OTR's experience or transactions with my/our account. I/We understand that OTR will retain this application and any other credit information OTR receives, even if no credit is granted. These representations and authorizations extend not only to OTR, but also to any insurer of the credit and to any investor to whom OTR may sell all or part of the credit. I/We further authorize OTR to provide any such Insurer or Investor any information and documentation that they may request with respect to my/our application or credit. I shall be responsible for any court costs or attorney fees incurred by OTR in the collection of the undersigned's account. By signing this form, I hereby submit to the exclusive jurisdiction of and venue in the state courts located in Fulton County, GA.

SIGNED: _____ DATE: _____ PRINT NAME: _____ TITLE: _____
 SIGNED: _____ DATE: _____ PRINT NAME: _____ TITLE: _____

CLIENT-FOCUSED QUESTIONNAIRE

Your responses to the following questions will allow OTR to more appropriately identify your needs and provide solutions.

- 1 What were your total sales last year? _____
- 2 What is your average profit margin on each sale? _____
- 3 What is your average customer pay period or term? _____
- 4 Given the available and increased level of cash flow you will have, how much more in percentages could you increase your business? _____ %
- 5 What would be the main purpose of the funds? _____
- 6 Are you willing to introduce us to customers, if it is necessary? _____
- 7 Do you currently offer employees any benefit packages? If so, please include: _____
- 8 What is your grace period before benefits become available? _____
- 9 Are you willing to sign a personal guarantee or an oath against committing fraud? _____
- 10 What minimum \$ _____ and maximum \$ _____ per day/week/month or year (circle one) total would you fund?
- 11 Have you factored under your present or any other names(s)? _____
If yes, please give name(s): _____
- 12 Were you referred? If so, by whom? _____
Company: _____ Point of Contact: _____ Phone: _____

Your response will be held in strict confidence.

